Image. AF/1651 #7

FEE TRANSMITTAL

MAIL STOP AF

Complete If Known	
Application No.	09/914,765
Filing Date	September 5, 2001
First Named Inventor	CHRISTENSEN, Preben et al.
Examiner Name	Sandra SAUCIER
Group Art Unit	1651

Total Amount Of Payment	($) 440	Attorney Docket No.	60123.000002

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP.

2. ☒ Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. **BASIC FILING FEE** ☐ Large Entity ☐ Small Entity

		FEE PAID
Utility Filing Fee	$	
Design Filing Fee	$	
Plant Filing Fee	$	
Reissue Filing Fee	$	
Provisional Filing Fee	$	

FEE CALCULATION (continued)

3. **ADDITIONAL FEES**

Fee Description		Fee Paid
☐	Surcharge - late filing fee or oath	$
☐	Surcharge - late provisional filing fee or cover sheet	$
☒	__1__ Month Extension of Time	$ 110
☒	Notice of Appeal	$ 330
☐	Filing Brief in Support of Appeal	$
☐	Request for Oral Hearing	$
☐	Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	$
☐	Design Issue Fee	$
☐	Plant Issue Fee	$
☐	Petition to Commissioner	$
☐	Petition to Revive (Unavoidable)	$
☐	Petition to Revive (Unintentional)	$
☐	Petitions Related to Provisional Applications	$
☐	Submission of Information Disclosure Statement	$
☐	Filing Submission After Final Rejection	$
☐	Recording Each Patent Assignment Per Property	$
☐	Filing Request for Reexamination	$
☐	Other (specify) _____	$

2. **EXTRA CLAIMS FEES**

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate Large Entity	Rate Small Entity	Amount
TOTAL CLAIMS		20	0	x $ 18.00	x $ 9.00	$ 0.00
INDEPENDENT CLAIMS		3	0	x $ 86.00	x $ 43.00	$ 0.00
MULTIPLE DEPENDENT CLAIMS				$ 290.00	$ 145.00	$ 0.00
TOTAL EXTRA CLAIMS FEES						$ 0.00

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Jeffrey T. Perez	Registration No.	52,110
Signature		Date	February 27, 2004